

COUNTY COUNCIL OF DURHAM.

EDUCATION DEPARTMENT.



ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL
MEDICAL OFFICER

IAN McCRACKEN

M.A., B.Sc., M.B., Ch.B., D.P.H.

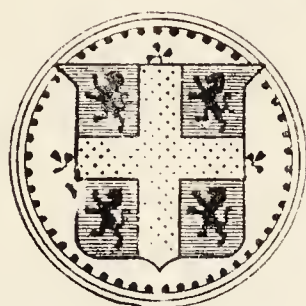
FOR THE YEAR 1955.

SEEN BY THE
MEDICAL OFFICER

RECORD OF
PUBLIC HEALTH

COUNTY COUNCIL OF DURHAM.

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PREFACE

Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the School Health Service for 1955. It has been for the most part compiled as hitherto by the Deputy Principal School Medical Officer. The annual report on the Stockton-on-Tees School Health Service prepared by Dr. Peters is appended.

It will be seen that the report takes substantially the same form as it has in the last few years.

Towards the end of the year the prospect of additional accommodation in the county for handicapped children became clearer and in fact two special schools were formally opened in the early months of 1956.

The arrangements for vaccination of older school children with B.C.G. which were initiated last year in the Stanley area were extended to the Chester-le-Street and Seaham districts. Preliminary results of extensive controlled clinical trials of B.C.G. vaccine carried out by the Medical Research Council which have been made available appear to confirm the value of the vaccine and it is hoped to extend the arrangements to other districts as opportunity offers.

During the first six months of the year there was an increased prevalence of a mild form of dysentery, the northern and eastern districts of the county being the areas principally affected. Inevitably the infection manifested itself in Infants' and Junior schools and in some instances it was necessary to take measures to minimise the spread of infection.

I wish again to express my appreciation of the help which I continue to receive from the staff of the School Health Department, the Director of Education and his staff, particularly the Head Teachers and Teachers, and the Chairman and members of the Committee.

I am, Ladies and Gentlemen,

Your obedient Servant,

IAN McCracken.

COUNTY COUNCIL OF DURHAM

EDUCATION (MEDICAL) DEPARTMENT.

Forty-eighth Annual Report of the Principal School Medical Officer.

General Statistics.

The numbers given below do not include statistics for the Excepted Division of Stockton-on-Tees. Figures relating to this Division appear in Dr. Peters' report in Appendix VI.

<i>Type of School.</i>	<i>No.</i>	<i>No. on Rolls.</i>
Nursery	18	757
Primary	421	105,390
Secondary Modern ...	89	23,850
Secondary Grammar } Grammar/Technical }	18	8,550
Hospital Schools	1	23
Special Schools	1	93
	<hr/> 548 <hr/>	<hr/> 138,663 <hr/>

Number of Handicapped Children being educated in Schools outside the Administrative County on 31st January, 1956.

Blind	24
Partially-Sighted	9
Deaf	85
Partially Deaf	13
Delicate	32
*Educationally Subnormal	42
Epileptic	10
†Maladjusted	5
Physically Handicapped	40

* Includes 1 child in Boarding Home.

† Includes 1 child in Boarding Home.

Staff of the School Health Service.

PRINCIPAL SCHOOL MEDICAL OFFICER :—

Ian McCracken, M.A., B.Sc., M.B., Ch.B., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER :—

George H. Shanley, L.M.S.S.A.

ASSISTANT TO DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER :—

Walter E. Rigby, M.B., Ch.B. (Commenced 7.2.55).

SCHOOL MEDICAL OFFICERS :—

Elizabeth Bainbridge, M.B., B.S.
 Kamila W. Balut (Mrs.), M.B., B.S. (Temporary).
 Phyllis B. Banks, M.B., Ch.B. (Commenced 1.12.55).
 Anna Book, M.B., B.S., D.P.H.
 Sheila M. Bowerbank, M.B., B.S.
 Alice M. Bowman (Mrs.), M.B., B.S., B.Hy., D.P.H. (Retired 31.12.55).
 Frances G. Carr (Mrs.), M.B., Ch.B. (Temporary).
 Alexandra J. Edwards (Mrs.), M.B., Ch.B. (Temporary).
 Frances H. Eves (Mrs.), M.B., Ch.B., D.P.H. (Temporary). (Commenced 1.11.55).
 Wilhelmina N. Gaye, M.R.C.S., L.R.C.P., D.P.H. (Permanent from 1.1.55). (Resigned 31.10.55).
 Maurice B. Griffith, M.B., Ch.B.
 Susan MacMahon, M.B., Ch.B., B.A.O., D.P.H.
 Alastair R. McNaughton, M.B., Ch.B.
 Dorothy D. Nichol, M.B., B.S., B.Hy., D.P.H.
 Amy M. Parkinson, M.B., M.R.C.S., L.R.C.P.
 Joyce Shaw (Mrs.), M.B., B.S. (Temporary).
 Sheila Sherrington (Mrs.), M.B., B.S. (Temporary).
 Kathleen M. Stevens, M.B., B.S.
 Rosa Strunin (Mrs.), M.D.
 Shirley M. C. Thompson (Mrs.), M.B., B.S. (Temporary).
 Joyce L. Vasey (Mrs.), M.B., B.S. (Temporary). (Resigned 31.10.55).
 John G. Paley, M.R.C.S., L.R.C.P., D.P.H. (Part-time).

SCHOOL MEDICAL OFFICER (to act as Dental Anaesthetist) :—

John M. Young, M.B., B.S. (Died 25.8.55).
 Francis T. Hardy, M.B., Ch.B. (Commenced 5.12.55).

SCHOOL OCULISTS :—

Edgar F. H. Bell, M.B., B.S.
 Georgina A. McNicol, M.B., Ch.B.

PRINCIPAL SCHOOL DENTAL OFFICER :—

Arthur T. Picton, L.D.S.

SCHOOL DENTAL OFFICERS :—

John N. Cairncross, L.D.S.
 John F. Eadon, L.D.S. (Resigned 22.10.55).
 Arthur B. Gibson, B.D.S.
 Margaret M. Lishman (Mrs.), L.D.S.
 Charles A. F. Lloyd, L.D.S.

Nancy Lockett (Mrs.), B.D.S.
 Avril Potts, L.D.S. (Commenced 1.9.55).
 Mary M. Tully, B.D.S.
 Richard E. Burn, B.D.S. (Part-time). (Commenced 13.4.55).
 William C. Hodge, L.D.S. (Part-time).
 Ethelwyn I. S. Makepeace (Mrs.), L.D.S. (Part-time). (Resigned 27.5.55)
 Margaret A. Sainsbury (Mrs.), L.D.S. (Part-time).
 Jane M. Sim (Mrs.), L.D.S. (Part-time).

SENIOR EDUCATIONAL PSYCHOLOGIST :—

Jack Sellers, B.A.

ASSISTANT EDUCATIONAL PSYCHOLOGISTS :—

Horatio H. Hillman, B.A. (Terminated 31.12.55).
 Dorothea E. Meyerhof, B.A.

PSYCHIATRIC SOCIAL WORKER :—

Kathleen W. Hudson (Mrs.), D.S.Sc., D.M.H. (Part-time).

SPEECH THERAPISTS :—

Elizabeth B. Berthon, L.C.S.T.
 Betty Blanch, L.C.S.T.
 Edith J. Gentles, L.C.S.T.
 Constance Harrison, L.C.S.T. (Part-time as from 5.1.55). (Terminated 28.2.55).
 Mary Thompson, L.C.S.T. (Commenced 1.9.55).

NURSING STAFF :—

A. Fraser, Superintendent Health Visitor, assisted by a staff of 112 Health Visitors who devote part of their time to school work.

SCHOOL NURSES :—

Nellie Anderson.
 Elizabeth J. Atkinson.
 Sarah J. Boyes.
 Isabel Broadley (Mrs.).
 Ivy Cairns (Mrs.).
 Veronica Callan.
 Margaret M. Carr (Mrs.).
 Edith Cobb (Mrs.).
 Lilian Costigan (Mrs.).
 Morag E. J. Denham.
 Lily Dent (Mrs.).
 Mary Graham.
 Edna Hey.
 Sarah Hood.
 Vera Ledger.
 Jean Locke.
 Winifred Lourie.
 Margaret McCluskey (Mrs.).
 Georgina Moore.
 Elsie Reed.
 Jane K. Waldie (Mrs.).
 Elsie Wilkinson.
 Ann Winsper (Mrs.).

CLINIC ATTENDANT :—

Freda Parsons (Mrs.).

SCHOOL DENTAL ATTENDANTS :—

Janet Benson.
 Sarah E. Bland.
 Mary K. Brown.
 Mabel Burdon (Mrs.). (Commenced 1.10.55).
 Freda A. Carter.
 Emily J. Cockburn (Mrs.). (Resigned 31.8.55).
 Diana M. Herdman (Mrs.). (Resigned 30.4.55).
 Marion W. Jamieson.
 Ida Jennison (Commenced 1.10.55).
 Lorna Lawson (Resigned 31.1.55).
 Shirley A. O'Neill (Commenced 1.10.55).
 Nellie Porter.
 Jane I. Purvis.
 Olive Savage.
 Charity S. Smart (Mrs.).
 Lily Walker.
 Elsie Kennedy (Mrs.) (Part-time).

CLERICAL STAFF :—

James Taylor.
 James S. Ward.
 *Norman Lee.
 *John G. W. Cook.
 †Thomas A. Eddy (Commenced duty 1.8.55).
 †Claude S. Gooch (Commenced duty 1.8.55).
 Matthew R. Tate.
 Tom Phillips.
 Arthur G. Hardy.
 James T. Brownlow.
 Cecil V. Crossling.
 George E. Wallis.
 Ronald B. Newton.
 John Price.
 Richard Watson.
 *Norman V. Border.
 Norman L. Auston.
 †Douglas W. Owens (Resigned 31.7.55).
 Derrick Golightly (Commenced 25.7.55).
 Keith Blenkiron (Commenced 12.10.55).
 Edith Hall.
 Eva Gittins (Mrs.).
 Hannah Hopwood.
 Mary I. Siggins.
 Esther Chicken.
 Violet Hunter (Mrs.).
 Mildred Snowball.
 Patricia K. Palmer.
 Joyce Heslop.
 Margaret R. Corner (Resigned 31.1.55).
 Jean Cavill (Resigned 17.4.55).
 Jean Hunter (Commenced 15.8.55).
 Jane A. Pallister.
 * Transferred from Department during year.
 † Transferred to Department during year.

It is with deep regret I report that Dr. J. M. Young died on the 25th August, 1955. He was appointed to the staff on the 5th May, 1952, and while he was principally employed as dental anaesthetist he also rendered valuable service in the undertaking of various medical examinations.

I should like to associate myself with the tribute paid to him by Mr. Picton in his report on the dental service.

Dr. Alice M. Bowman, School Medical Officer, retired on the 31st December, 1955, after approximately 27 years in the School Health Service. It gives me great pleasure to place on record my appreciation of her long, devoted, and loyal service.

Other changes which have taken place during the year are:—

Dr. W. E. Rigby	—	commenced	7th February, 1955.
Dr. P. B. Banks	—	„	1st December, 1955.
Dr. F. H. Eves	—	„	1st November, 1955.
Dr. F. T. Hardy	—	„	5th December, 1955.
Dr. W. N. Gaye	—	resigned	31st October, 1955.
Dr. J. L. Vasey	—	„	31st October, 1955.

Courses and Conferences.

Members of the School Health Service staff attended courses and conferences as set out below:—

Course on Ascertainment of Educationally Sub-normal Children and Mental Defectives, in London, 16th January to 5th February, 1955.

Dr. A. Book.
Dr. S. M. Bowerbank.
Dr. A. R. McNaughton.
Dr. S. Sherrington.
Dr. J. L. Vasey.

Annual Conference of the National Association for Mental Health, in London, 24th and 25th March, 1955.

Dr. G. H. Shanley.

Annual Conference of the British Psychological Society in Durham City from 14th to 18th April, 1955.

Mr. J. Sellars.
Mr. H. H. Hillman.
Miss D. E. Meyerhof.

Course on Ascertainment of Educationally Sub-normal Children and Mental Defectives, in London, 9th May to 27th May, 1955.

Dr. W. N. Gaye.
Dr. M. A. Wynne.

Visit to Exhall Grange Special School, Warwickshire, on Thursday, 30th June, 1955.

Dr. G. H. Shanley.

Annual General Meeting of the British Dental Association, in Glasgow, 4th to 8th July, 1955.

Mr. A. T. Picton.

Conference of the British Council for the Welfare of Spastics, in London, 13th October, 1955.

Dr. G. H. Shanley.

Course on Ascertainment of Educationally Sub-normal Children and Mental Defectives, in London, 3rd October to 21st October, 1955.

Dr. F. G. Carr.
Dr. A. J. Edwards.

Medical Inspection.

It is a matter for regret that the increase in the number of medical inspections last year has not been maintained. Altogether 43,769 pupils were examined during the year as compared with 49,052 pupils in 1954.

The reduction in the number is, however, largely due to the time devoted by the school medical officers to the survey connected with the ascertainment of educationally sub-normal children and to staff absences.

It will be seen from the table on page 11 that the numbers and types of defects etc., correspond broadly to those discovered last year.

There was, however, a considerable increase in the number of skin infections. This is accounted for by an increase in the number of cases of impetigo. The numbers are not significantly high and by the end of the year the numbers presented for treatment dropped.

CLASSIFICATION OF THE GENERAL CONDITIONS OF PUPILS
INSPECTED IN THE AGE GROUPS, 1955.

Year	Number of Children Inspected	Official Classification.					
		A		B		C	
		No.	%	No.	%	No.	%
1953	33,974	11,446	33.69	20,907	61.54	1,621	4.77
1954	41,761	15,440	36.97	24,919	59.67	1,402	3.36
1955	37,719	14,982	39.72	21,686	57.49	1,051	2.79

The above figures show the continued drop in the number of children in the C category which, of course, is the lowest category.

	Requiring Treatment				Requiring Observation			
	Total Number of Periodic Inspections. 1954—41,761 1955—37,719		Total Number of Special Inspections. 1954—7,291 1955—6,050		Total Number of Periodic Inspections. 1954—41,761 1955—37,719		Total Number of Special Inspections. 1954—7,291 1955—6,050	
	Number of Defects		Number of Defects		Number of Defects.		Number of Defects.	
	1954	1955	1954	1955	1954	1955	1954	1955
Skin
Eyes—
a. Vision
b. Squint
c. Other
Ears—
a. Hearing
b. Otitis Media
c. Other
Nose or Throat
Speech
Cervical Glands
Heart and Circulation
Lungs
Developmental—
a. Hernia
b. Other
Orthopaedic—
a. Posture
b. Flat Foot
c. Other
Nervous System—
a. Epilepsy
b. Other
Psychological—
a. Development
b. Stability
Other Defects or Diseases
Totals ...	8,836	8,402	926	586	9,762	8,988	1,241	14,210

Co-operation with Hospital and Specialist Services.

Satisfactory co-operation with almost all the main hospitals has been reached.

The help of the various specialists who supply reports of the more serious illnesses and disabilities of county children who come under their care is much appreciated. In every case, where a report is required from a hospital, the written consent of the parent or guardian to the disclosure of this report is forwarded.

The importance of accurate assessment in cases of heart disease and the need to avoid as far as practicable unnecessary invalidism in such cases has long been appreciated. Despite every care, however, the physical activities of some children have been unnecessarily restricted on account of organic or functional heart abnormalities.

The reference of such cases to hospitals has now been put on a more formal basis. Under the arrangements which have been made the child will be referred either by, or with the concurrence of, the family doctor, to a hospital with a cardiological unit where he will also have the advantages of specialist paediatric service. The assistance of Professor S. D. M. Court, Head of Children's Department, Royal Victoria Infirmary, Newcastle upon Tyne, and Dr. W. G. A. Swan, Physician-in-Charge, Cardiovascular Department, Newcastle General Hospital, in this connection is gratefully acknowledged.

Should it be found necessary to modify the normal school routine in the case of any child, the Head Teacher is informed.

Requests have been received from Ear, Nose and Throat Surgeons for information regarding the use and effectiveness of hearing aids supplied to pupils. Head Teachers have co-operated by supplying this information and their reports will undoubtedly be of value.

Mass Radiography Service.

As in past years, parents have been encouraged to allow their children to make use of the mass radiography service provided by the Regional Hospital Board. The very satisfactory liaison established with this service in connection with the examination of school leavers, staffs, and entrants

to the teaching profession has been maintained during the year. A summary of the work is given below. For the purpose of comparison, the figures for 1954 are given in brackets.

(1) School Children	...	...	...	...	...	6495	(7405)
(2) Staffs (i.e. Teachers, meals attendants and school meals workers)	...	...	...	...	...	338	(401)
(3) Candidates for admission to courses of training for teaching and to the teaching profession	...	...	...	...	...	497	(456)

Co-operation with General Medical Practitioners.

In order that the children's best interests may be served, satisfactory co-operation with general practitioners must exist. It is the responsibility of general practitioners to provide medical care for the children on their lists of patients and it is no less the duty of the local education authority to provide for the care and well-being of pupils attending maintained schools in its area. With this in view, it is the practice in all cases where children are recommended for specialist examination or treatment to ask parents to consult their family doctor in the first place. If he concurs in the recommendation of the school medical officer he can make the necessary appointment himself or agree to it being arranged through the School Health Service.

Any reports received as a result of these arrangements are sent to the general practitioners if this has not already been done by the consultant.

Co-operation with the general practitioners is, generally speaking, very satisfactory.

Co-operation with County Health Services.

A friendly relationship has long been established between the school health service and other health services and in consequence co-operation is being maintained in all matters affecting the health and well-being of school children.

Infectious Disease.

During the first half of the year there was an increased prevalence of dysentery and a considerable number of schools were affected in varying degree. In this type of dysentery (Sonne) symptoms particularly in adults

are often mild and many sufferers do not seek medical advice, with the result that the infection may be passed to others in or outside the family circle. In an endeavour to detect and minimise the spread of the infection in schools, head teachers have been requested to inform the Deputy Principal School Medical Officer immediately if a child has diarrhoea or is absent from school and is said to be suffering from diarrhoea. The information when received is sent to the Medical Officer of Health who investigates and if it is a case of dysentery puts the appropriate precautions in force.

In no case was infection attributed to school meals.

In most cases the incidence commenced in Infants' or Junior schools and in some cases it was confined to these schools. After the end of July, only isolated cases were reported. In all, 1,878 children who were suspected to be suffering from dysentery were excluded from school.

A report was submitted to the Education Welfare Sub-Committee on the matter.

Eight cases of poliomyelitis occurred during 1955. They all came within the 5-10 years age range.

The incidence of other common infectious diseases followed broadly the pattern of recent years.

B.C.G. Vaccination.

The arrangement for the B.C.G. vaccination of school leavers has been extended. With the co-operation and help of the Education Authority, the medical officers of the County Health Department have made arrangements during the year in the Birtley, Chester-le-Street, Seaham and Stanley areas.

Details of children who received B.C.G. vaccination during 1955 are as follows: —

District.	Number of Schools.	Dates of Vaccination.	Number of children Vaccinated.				Total.
			12 yr. old.	13 yr. old.	14 yr. old.	15 yr. old.	
Birtley	3	21.10.55	—	62	3	—	65
Chester-le-Street U.D.	2	17.6.55	13	58	36	—	107
Seaham U.D.	5	7.10.55 14.10.55 21.10.55	18	124	—	1	143
Stanley U.D.	9	4.11.55 11.11.55 18.11.55 25.11.55	35	350	3	—	388
TOTAL	19		66	594	42	1	703

In connection with the 1954 pilot scheme in the Stanley area, the following report received from Dr. S. Ludkin, Assistant County Medical Officer, is of interest: —

“The arrangement approved by the County Education Committee for the “follow-up” X-ray of all those school-children who were vaccinated with B.C.G. or given Tuberculin skin tests were completed according to plan during the week ending 9th July, 1955.

Of the 462 eligible school children 417 were X-rayed and 7 were recalled for large films but in only one case was an abnormality detected. This latter case was a child with a known congenital heart defect.

The figures quoted above give an indication of the response from the parents.”

This scheme was a marked success and in particular, the response from the parents of the children concerned was very satisfactory.

Home Visiting by Health Visitors.

The work done by the Superintendent Health Visitor's staff has increased considerably during the past year, especially in connection with

the follow up of children discharged from hospital and the completion of reports on Form 2 H.P. as a preliminary to the examination of educationally sub-normal children.

The smoothness and efficiency with which this additional work was carried out is worthy of mention.

School Hygiene.

Following a report of the Deputy Principal School Medical Officer on outbreaks of dysentery to which reference is made earlier in this report, the County Architect submitted a report to the School Buildings Sub-Committee concerning the provision of hot water supply in schools. In September, 1954, 110 schools had a hot water supply and from then to September, 1955, a hot water supply was installed in 34 more schools. Since September, 1955, the County Architect has submitted reports and estimates for the installation of hot water in nine more schools. The subject of hand drying facilities is still under consideration by the Education Committee.

School medical officers inspect premises used for school meals when they visit schools to conduct medical inspections. Periodic visits, unannounced, are made to the central kitchens by the Deputy Principal School Medical Officer or his assistant to inspect the premises, preparation of food and conditions under which the staff work. During the course of the visits the preparation of food is discussed with the supervisor and, where necessary, advice is given concerning personal hygiene; cleanliness in the preparation, storage and distribution of food; and also on the cleanliness of cooking utensils.

School Clinics.

It will be seen that in most cases clinics are open every week day for the treatment of minor ailments. Continuity of treatment is important and it is not considered satisfactory to have sessions on only one or two days per week.

At routine inspection a number of children are found who require examination in greater detail and with more elaborate facilities than are available at the school, and it is important that the doctors' sessions at

the school clinics should provide adequate time for this work. An incidental advantage, from the point of view of the school medical officer, not at first sight obvious, is that clinic work introduces an element of variety into the routine of medical inspection. The effectiveness of a clinic lies in the hands of the doctor and the nurse and may be gauged by the willingness of children, parents and head teachers to co-operate in the use of the facilities provided.

Attention is again drawn to the fact that examination and treatment by school oculists, dental officers, educational psychologists and speech therapists is by appointment only.

The clinics are normally open between the hours of 9.30 - 11.30 a.m. and 1.30 - 3.30 p.m.

A full list of clinics, speech therapy centres and child guidance centres showing details of the services available and the days of attendance of staff is given in Appendix III.

Handicapped Pupils.

Unexpected difficulties in the satisfactory conversion of certain buildings has held up the programme for increased provision for educationally sub-normal and delicate children within the County. A number of the projects will definitely be in full operation in 1956.

There still remains a shortage of special school places for the physically handicapped and partially sighted children within easy travelling distance of their homes. This must also be a difficulty experienced by neighbouring authorities and possibly it could best be overcome by the provision of special schools on a regional basis.

At the end of 1955, 119 children were receiving education otherwise than at school in accordance with Section 56 of the Education Act, 1944. Of these, 92 were being educated at home and 27 in hospital. The value of this legislation can be measured by the eagerness with which parents have sought provision of this type of education for their children and also by their whole-hearted co-operation with the peripatetic teachers—none more so than the parents whose children are unlikely ever to be suitable for any other type of education. There is unfortunately a number of such children.

It must be appreciated that the task of the peripatetic teacher in many of these cases is most difficult, that progress in formal education is often very slow and indeed it is an accomplishment to gain rapport with a child whose life has been narrowly circumscribed by his handicap. It is felt that the teachers must experience a great sense of achievement when it becomes apparent that the desire to learn has been awakened.

For others, it is at the best but a poor substitute for education at school in company with other children, but it does attempt to bridge the gap during the time they are not attending any school by maintaining their interest in learning until such time as they are able to take part in corporate education.

Until this year one school, Dinsdale Park Special School, a boarding establishment taking 93 children was the only special school for educationally sub-normal children in the County. The scarcity of places undoubtedly affected the full ascertainment of this class of pupil. The provision of more places as envisaged in the development plan rendered necessary a fuller attempt to estimate the true numbers. It was felt, nevertheless, that merely finding candidates for the schools in specified areas was not an answer to statutory requirements by which it is the duty of Local Education Authorities to ascertain all children who may require the provision of special educational treatment, and accordingly, while priority was given to the immediate problem of the districts which were to be served by special schools, the scope was gradually widened to take in areas outside the individual catchment areas. By this means, although the survey is not complete, relatively accurate information of the number of educationally sub-normal children has been obtained for the first time.

The procedure adopted was for the Senior Educational Psychologist to visit all schools to explain to head teachers the nature and purpose of subsequent visits of psychologists. Head teachers were asked to put forward children who showed a definite retardation in basic subjects of from two to three years. The educational psychologists then visited the schools and gave a simplified informal test to each pupil. It was not necessary to notify the parents of the intention to conduct these tests. It would obviously have been impossible to give complete intelligence tests to all the children presented. Group testing with its well known

disadvantages was not used. Children who appeared to have an intelligence quotient of less than 85 were then formally examined in connection with the Authority's arrangements for the ascertainment of educationally sub-normal pupils. Approximately half the county has been surveyed but it would be unwise to make any deductions until the survey has been completed.

It should be appreciated that this entailed a great deal of work on a small staff of educational psychologists. The actual examinations were completed by school medical officers possessing the necessary qualifications as accepted by the Ministry for this work. As some of our school medical officers are newly appointed and therefore not accepted by the Ministry for this work, the work fell upon only a proportion of the school medical officers.

Thanks are due to those school medical officers and educational psychologists undertaking this work which is difficult and onerous.

In the case of children who are found to be ineducable under Section 57(3) of the Education Act, 1944, it is the practice of the Deputy Principal School Medical Officer or his assistant to visit the parents, before the expiry of the time allowed for appeal to the Minister, to explain to them the implications of the statutory notice informing them of the decision of the Committee. The questions of the parents are answered and their rights indicated. On many occasions parents have expressed their thanks.

The result of the afore-mentioned survey is reflected in the figures relating to the examination of educationally sub-normal children.

(i) *Educationally Sub-normal.*

	Boys.	Girls.	Totals.
1.—Number examined and reported on ...	367	247	614
2.—Medical Officers' Classification :—			
(1) Normal	4	6	10
(2) Educationally Sub-normal ...	309	212	521
(3) Ineducable	54	29	83
3.—Medical Officers' Recommendations :— ...			
(1) Re-examination	46	24	70
(2) Ordinary Schools	4	6	10
(3) Special Educational Treat- ment in Ordinary Schools...	32	20	52
(4) Special Schools for Educa- tionally Sub-normal ...	216	158	374
(5) Special Schools for Other Categories	6	4	10
(6) Home Tuition	2	—	2
(7) Unsuitable for any School ...	54	29	83
(8) Supervision after leaving School	7	6	13

(ii) *Blind.*

Number Examined	9
Ascertained as suitable for Special Schools for the Blind ...	9
For Re-examination	—

(iii) *Partially Sighted.*

Number Examined	8
Ascertained as suitable for Special Schools for Partially Sighted	6
Ordinary School	1
For Re-examination	1

(iv) *Deaf.*

Number Examined	5
Ascertained as suitable for Special Schools	5
For Re-examination	—

(v) *Partially Deaf.*

Number Examined	8
Ascertained as suitable for Special Schools for Partially Deaf.	5
Ordinary Schools	2
For Re-examination	1

(vi) *Epileptic.*

Number Examined	...	...	...	...	...	...	10
Ascertained as suitable for Special Schools	...	...	...	...	...	...	4
Ordinary Schools	...	...	...	...	...	...	3
For Re-examination	...	...	...	...	...	...	3

(vii) *Physically Handicapped (including Delicate Children).*

Number examined	...	...	...	...	...	...	167
(i) Recommended Ordinary Schools	...	...	...	...	...	...	66
(ii) do. Special Schools for Handicapped Pupils	...	...	...	...	...	...	9
(iii) do. Special Hospital Schools for Children	...	...	...	...	...	...	1
(iv) do. Open-air Schools	...	...	...	...	...	...	36
(v) do. Unsuitable for any School	...	...	...	...	...	...	2
(vi) do. Re-examination	...	...	...	...	...	...	14
(vii) do. Education otherwise than at school	...	...	...	...	...	...	39

(viii) *Speech Defect.*

Number of children who received treatment during 1955	...	473
---	-----	-----

(ix) *Maladjusted.*

Number of children who attended Child Guidance Centres during 1955	...	...	...	...	...	...	89
Number of children ascertained as suitable for Special Schools	...	...	...	...	...	...	3
Number of children recommended for re-examination	...	...	...	...	...	...	—

Convalescent Treatment.

Children recommended by the school medical officers for convalescence are sent to homes administered by the Invalid Children's Aid Association.

Miscellaneous.

Medical examinations other than periodic examinations in schools continue to make demands upon professional time. Details are given below. (Figures in brackets refer to 1954).

(a) Examination under Section 18 of the Children and Young Persons Act, 1933.

These examinations are of children between the ages of 14 and 16 and are required to determine the fitness of children to receive employment licences and badges.

No. of children examined	...	...	...	...	779	(627)
No. of children unfit to be employed	...	...	...	...	2	(3)

(b) Examination under Section 22 of the Children & Young Persons Act, 1933.

These are examinations of children desiring to take part in entertainments.

No. of children examined	21	(11)
--------------------------	-----	-----	-----	-----	----	------

(c) Juvenile Courts.			
No. of children or young persons examined in accordance with proceedings in Juvenile Courts			53 (33)
(d) Other Medical Examinations.			
(i) Candidates for the purpose of the Local Government and Other Officers' Superannuation Act			58
(ii) Candidates for admission to terms of County Sick Pay Regulations			100
(iii) Employees absent from duty owing to sickness or injury			86
(iv) Candidates for Royal Air Force (Apprentices or Boy Entrants)			3
(v) Candidates for admission to Courses of Training for Teaching and to the Teaching Profession			497
(vi) Candidates for appointment as Adult Traffic Wardens			1

Dr. Susan MacMahon has, as before, given lectures to the students of Neville's Cross and Wynyard Hall Training Colleges.

Other members of the staff have given talks to organisations of teachers, to parent-teacher associations, and to other organisations.

School Health Eye Service.

Durham County has been fortunate in the past to have had the exclusive services of oculists on its staff but it has become increasingly obvious that it will not be possible to attract suitably qualified oculists to the school health service. The disparity between salaries in the school health service and elsewhere is an obvious reason. Further co-operation and help is therefore required from the Regional Hospital Board and negotiations are being undertaken by the County Medical Officer with this body.

Dental Service.

The Principal School Dental Officer prepared the following report: —

Staff.

Dr. J. M. Young, School Medical Officer who acted as Dental Anaesthetist, died suddenly in August whilst on annual vacation.

I take this opportunity of paying tribute not only to his skill but to the kindly and sympathetic manner with which he treated the children placed under his care as an anaesthetist.

Dr. F. T. Hardy was appointed in Dr. Young's place in October and commenced duty on the 5th December. In addition to the above the following changes occurred during the year:—

Mrs. E. I. S. Makepeace, part-time school dental officer at Seaham Clinic, went on leave for family reasons at the end of May and for the same reasons subsequently resigned.

Mr. J. F. Eadon, whole time school dental officer at Consett Clinic, resigned and terminated duties on the 22nd October.

Mr. R. E. Burn was appointed part-time school dental officer at Crook Clinic and commenced duty on the 13th April.

Miss A. Potts was appointed whole time school dental officer and commenced duty at Bishop Auckland Clinic on the 1st September, vice Miss M. M. Tully who transferred to Seaham Clinic.

Mr. A. A. Ebrahim, who resigned on the 30th June, 1954, after a year's service with the County in order to return to his home in Mauritius, was reappointed whole time school dental officer on the 1st July but was unable to take up duty before the 31st December.

The staffing position has, therefore, improved slightly but as in the previous year the improvement took place too late in the year to make itself evident. Prospects for the coming year are more hopeful but the advantages of an unbroken full time service have yet to be realised.

Inspection and Treatment.

The response to the offers of treatment made as a result of periodic school dental inspections has been disappointing, the acceptance rate being only 42%, and it is very much regretted that the majority of the refusals were to offers of conservative treatment. The proper development of the structure of the mouth of a child depends upon the maintenance of the masticatory function. Premature loss of teeth impairs that function and interferes with the development of teeth and jaws. Poor development leads to irregularities and an increased tendency to the incidence of other defects of the teeth.

The importance of early treatment with a view to restoring defective teeth to their proper function and so preventing premature loss

cannot be too strongly stressed. That this is not sufficiently realised is clearly demonstrated by the lack of response to offers of conservative treatment mentioned above.

Treatment at a school clinic is not offered to all children who, at school dental inspections, are found to require it as a number of parents inform the dental officer that it is their intention to have the treatment carried out by a private dental practitioner. It is disquieting to find that subsequent visits to schools revealed the parent's intention in many cases had not been fulfilled. In this connection it will be appreciated if head teachers will grant facilities to enable children to receive dental treatment either at a school clinic or from a private practitioner during school hours.

Orthodontic treatment has continued as an important part of the school dental service. Successful results, when obtained, are more easily recognised than those of other types of treatment and are greatly appreciated by both children and parents. To the dental officer concerned this is most gratifying but the danger of exaggerating the importance of this treatment must be guarded against.

During the year orthodontic treatment was continued for 96 cases brought forward from 1954 and commenced in 211 new cases. Of these, 74 cases were completed with satisfactory results and 42 cases were discontinued. Orthodontic appliances were supplied to 216 children and in addition 31 children were supplied with space maintainers.

Dentures were supplied to 86 children.

The continued assistance of the staff of the Newcastle upon Tyne Dental Hospital in giving advice on treatment has been invaluable. They have also carried out the more complicated type of treatment when required.

RECORD OF WORK OF SCHOOL DENTAL SURGEONS DURING THE YEAR 1955.

Nature of Work Done								Total.
No. of Appointments made	...	...	...	...	...	...	...	25,338
No. of Appointments kept	...	...	...	...	...	...	...	19,961
No. of Appointments broken	...	...	...	...	...	...	...	5,377
No. of New Patients	...	...	...	...	...	...	...	5,151
No. of Patients from former years	...	...	...	...	...	...	...	3,228
No. of Patients treated more than once this year	...	...	...	...	...	...	...	9,867
No. of Amalgam Fillings—Temporary Teeth	...	...	...	...	...	...	...	581
No. of Amalgam Fillings—Permanent Teeth	...	...	...	...	...	...	...	6,039
No. of Cement Fillings—Temporary Teeth	...	...	...	...	...	...	...	225
No. of Cement Fillings—Permanent Teeth	...	...	...	...	...	...	...	580
No. of Root Fillings	...	...	...	...	...	...	...	4
No. of Teeth actually filled	...	...	...	...	...	...	...	7,062
No. of Extractions—Temporary Teeth	...	...	...	...	...	...	...	11,622
No. of Extractions—Permanent Teeth	...	...	...	...	...	...	...	2,517
No. of General Anaesthetics	...	...	...	...	...	...	...	933
No. of Silver Nitrate Dressings Temporary—Teeth	...	...	...	...	...	...	...	654
No. of Silver Nitrate Dressings Permanent—Teeth	...	...	...	...	...	...	...	87
No. of Root Dressings	...	...	...	...	...	...	...	21
Other Dressings—Temporary Teeth	...	...	...	...	...	...	...	127
Other Dressings—Permanent Teeth	...	...	...	...	...	...	...	581
Scalings—Temporary Teeth	...	...	...	...	...	...	...	7
Scalings—Permanent Teeth	...	...	...	...	...	...	...	409
No. of Other Operations	...	...	...	...	...	...	...	3,242
No. rendered Dentally Fit	...	...	...	...	...	...	...	5,896

The report of the Senior Educational Psychologist for 1955 is as follows:—

During the last twelve months a large scale survey of the educational needs of handicapped pupils has been undertaken in a number of areas in the County. We are indebted to the head teachers and staffs of the schools for their readiness in co-operating with the educational psychologists in preparing lists of their pupils who seem to have warranted investigation as being educationally sub-normal. They have also allowed us facilities for testing these children on the school premises and the bulk of the testing has been done in this way. This practice is particularly beneficial because the children are more at ease “on their own ground” than when they are tested in some less familiar premises such as a clinic

Lectures have been given, as in previous years, to head teacher and teacher associations, students at training colleges and other bodies interested in different aspects of child guidance.

The child guidance service is still without the services of a County Psychiatrist and full-time social workers. The health visitors continue to help with reports on families in their districts and cases needing further psychiatric investigation are referred to the Child Guidance Centres at Sunderland and Darlington. It is recognised, however, that a full team approach is quicker and more effective in dealing with maladjusted and other children requiring special treatment and it is sincerely hoped that a start can be made in this direction in the near future.

Miss E. B. Berthon's report on the work of the speech therapists is as follows:—

Total number of new cases interviewed	...	...	...	...	243
Total number of new cases recommended for and commenced treatment	...	...	...	...	217
Total number of cases received treatment	...	...	...	...	344
Total number of attendances	...	...	...	...	5,376
Total number of cases discharged as cured	...	...	...	...	120
Total number of cases in which treatment discontinued	...	...	...	...	36

In December Miss Mary Thompson took up her appointment as speech therapist in the County and is working at Wingate, Thornley and Houghton-le-Spring Clinics. There are now four single-handed speech therapists.

This year has been an uneventful one. Attendances have been fairly good, except in the school holidays when an average of only 3-4 children kept their appointments instead of the usual 9-10. Children are expected to attend in the holidays and parents should realise that in most cases regular attendance results in earlier discharge.

We would like to thank head teachers and hospital staffs for their co-operation.

A recording machine has been installed at Houghton-le-Spring.

Provision of School Meals.

The Inspector of School Meals has contributed the following report:—

Since the publication of the last report, the following Kitchen Dining Room has been closed because of redundancy:—

Waskerley County School.

During the year Kitchen Dining Rooms have been opened at the following schools:—

Newton Aycliffe County School.
 Spennymoor Modern School.
 Tow Law County Junior Mixed School.
 Billingham Roseberry Road County Infants' School.
 Spennymoor Whitworth House Day Special School.
 Blackhall R.C. Junior Mixed and Infants' School.
 Peterlee Acre Rigg County Junior Mixed School.
 Peterlee Acre Rigg County Infants' School.

It is expected that Kitchen Dining Rooms will be opened at the following schools in the near future:—

Newton Aycliffe Modern School.
 Consett Grammar School.
 Seaham Harbour Girls' Grammar School.
 Horden Day Special School.
 Bishop Auckland Woodhouse County School.
 Bowburn Secondary Modern School.
 Wolsingham Grammar School.

A third set of Protective Clothing has now been issued to the cooking and serving staffs of the School Meals Service.

The following statistics show the position at the end of 1955:—

Central Kitchens	...	...	...	...	51
School Canteens—					
Primary and Modern	...	...	...	...	37
Grammar	...	...	...	...	14
Nursery ...	...	...	...	...	20
School Dining Centres	...	...	...	...	547
Free Meals	...	...	...	...	2,299,289
Meals on Payment	...	...	...	...	10,468,849

The Education Committee acknowledges the assistance given to the School Meals Service by Teaching Staffs.

Physical Education.

The following report is contributed by the Organisers of Physical Training:—

Physical Education in the schools and educational establishments of the County is controlled by a staff of eight Organisers—four men and four women. The main duties of this staff are to formulate and co-ordinate policy in Physical Education, to visit schools and advise teachers in charge of the instruction, to conduct Training and Refresher Courses for full

time and part-time teachers and to supervise the general provisions for the carrying out of the work.

The character of the approach to the direction of Schools' Physical Education has been undergoing significant changes during the past eight years, and there has now been established a system where exploration of movement and the learning by experience have been consolidated. This is particularly important as the individual child is offered the opportunity of developing in its own time and at its own rate. The development of children's natural prehensile ability has become an important feature of these new conceptions, and the use of agility apparatus in the courses of Training are now universally recognized as beneficial. It has for a long time been realised that children, as they develop, lack the necessary strength in the abdominal region and in arm muscles; aids to climbing and heaving are doing much to eradicate this weakness. To achieve the desired results the teacher is called upon to eliminate ideas of formal teaching and to direct and coach the efforts of the children after having carefully assessed their needs; then to design challenging work which demands effort and courage from the pupils.

Games.

Opportunity is provided wherever possible to enable children to indulge in full scale games appropriate to their age. They thus experience and learn the full value of space and develop a competitive sense as well as interesting themselves in healthy recreation and entertainment. The necessary skills of Games are taught and practised and an intelligent attitude to Games-playing encouraged. When the Modern School age is reached, the playing of Games reaches a good standard and the majority of the pupils are proficient and accomplished.

To assist teachers in a progressive "carrying out" of their work at all stages and in all branches of Physical Education, a varied programme of Training Courses for teachers has been carried out during the year. A course in Association Football to improve the coaching ability of men teachers, and a course in Hockey Coaching for women teachers were both well attended and received. Other courses for both men and women were conducted in Athletics Movement training and general Principles of the approach to Physical Education. These refresher courses stimulate thought

on the subject, keep the needs of the children constantly in the minds of the teachers and provide a medium of acquainting them with modern thought and innovations.

Swimming.

With the opening of an open-air swimming pool at Stanhope, swimming instruction is now given at seven centres in the County, viz. New Lambton, Birtley, Jarrow, Durham, Billingham, Stockton, and Stanhope. The following awards were made during the year:—

County Certificates.

Elementary	...	...	...	...	...	1,819
Intermediate	...	...	...	...	...	957
Advanced	...	...	...	...	...	642

Royal Life Saving Society Awards.

Intermediate Certificate	...	...	...	...	53
Bronze Medallion	...	...	...	...	68
Bar to Bronze Medallion	...	...	...	...	1
Bronze Cross...	...	...	...	...	30
Instructor's Certificate	1
Award of Merit	5

Amateur Swimming Association Awards.

Medal Awards	23
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Stockton were again successful in the Cox Memorial Trophy Life Saving Competition held in Newcastle upon Tyne when William Newton Girls' Modern School and Holy Trinity C. of E. Boys' School were placed first in their respective competitions—the girls for the second year in succession. Schools from all parts of the North East take part in this competition.

In the National Championships held in October, Stockton representatives gained 1st place in 100 yds. Backstroke (Boys), 4th place in Diving (Boys) and 5th place in 100 yds. Breast Stroke (Girls).

Athletics.

Athletics continue to develop with ever increasing interest as more is learnt by both teachers and pupils, of the techniques and the enjoyment to be gained from this branch of Physical Education.

A strong Durham County Schools Athletic Team represented the County in the All England Schools Athletic Championships held this year at Belle Vue, Manchester. On this occasion it was the Junior Girls who gained most points in their section and became holders of the Championship Shield. Eighteen competitors gained championship medals.

Camping.

The four camping units owned by the County Education Committee were well used this summer. Parties from twenty-five schools spent a week or more under canvas at Beadnell, Keswick, Whitby, Barnard Castle, Blanchland, Reeth and other centres. This opportunity, to live in a community in the open air, in beautiful surroundings, is both health-giving and educational, and interest in Camping is growing amongst our schools. The generous financial aid granted by the Education Committee to enable schools to take parties of children camping is commendable and greatly appreciated.

In conclusion, it can confidently be stated that the physique of the children in the schools is impressive, and the contributory factors that produce this combined with the obvious sense of physical well-being that the children exhibit, can give nothing but satisfaction.

General.

My thanks are offered to the professional and clerical staff of the department for their unfailing loyalty throughout the year and for the assistance of the clerical staff in compiling the statistics and tables contained in this report.

I much appreciate the help given by the Director of Education and the officers and clerical staff of his department.

I am indebted to the County Medical Officer in his capacity as Principal School Medical Officer for his interest in the work of the department.

The Superintendent Health Visitor and her staff have contributed materially to the success of the year's work and it is a pleasure to express my thanks.

As always the work of the department has been facilitated by the support and encouragement of the Chairman and members of the Education Committee and to them I have a deep sense of indebtedness.

GEO. HOWARD SHANLEY,

**Deputy Principal School Medical
Officer.**

APPENDIX I.

MINISTRY OF EDUCATION TABLES RELATING TO THE INSPECTION AND
TREATMENT OF PUPILS IN THE ADMINISTRATIVE COUNTY AREA
EXCLUDING THE EXCEPTED DIVISION OF STOCKTON-ON-TEES.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS.

A.—Periodic Medical Inspections.

(1) No. of Inspections :—							
Entrants	...	...	...	...	...	...	13,202
Second Age Group	...	...	...	...	...	...	5,695
Third Age Group	...	...	...	...	...	...	4,935
Total						...	23,832
(2) No. of other Periodic Inspections 13,887							
GRAND TOTAL						...	37,719

B.—Other Inspections.

No. of Special Inspections and Re-Inspections	6,050
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TABLE II.

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	13,202	5,003	37.89	7,870	59.61	329	2.49
Second Age Group ...	5,695	2,312	40.59	3,191	56.03	192	3.37
Third Age Group ...	4,935	2,274	46.08	2,524	51.14	137	2.78
Other Periodic Inspections	13,887	5,393	38.83	8,101	58.35	393	2.83
Total	37,719	14,982	39.72	21,686	57.49	1,051	2.79

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	...	...	56,493
(ii)	Total number of individual pupils found to be infested	...	...	...	...	...	...	...	5,610
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	...	...	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	...	...	—

GROUP 4.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	479	
	by the Authority	otherwise
(b) Number treated otherwise, e.g. in clinics or out-patients departments	—	236

GROUP 5.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	89

GROUP 6.—Speech Therapy.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	344	129

GROUP 7.—Other treatment given.

	Number of cases treated	
	by the Authority	otherwise
Miscellaneous minor ailments	7,262	—
Ultra-Violet Ray	497	—

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Dental Officers :—							
	(a)	Periodic age-groups	...	...	...	...	...	29,875
	(b)	Specials	...	...	...	...	...	1,889
	(c)	Total (Periodic and specials)	...	...	...	...	...	<u>31,764</u>
(2)	Number found to require treatment							24,125
(3)	Number referred for treatment							20,055
(4)	Number actually treated							8,379
(5)	Attendances made by pupils for treatment							<u>18,246</u>
(6)	Half-days devoted to :—							
	Inspection	...	...	...	...	...	...	345
	Treatment	...	...	...	...	...	...	<u>3,321</u>
						Total	...	<u>3,666</u>
(7)	Fillings :—							
	Permanent Teeth	...	...	...	...	...	...	6,619
	Temporary Teeth	...	...	...	...	...	...	806
						Total	...	<u>7,425</u>
(8)	Number of teeth filled :—							
	Permanent Teeth	...	...	...	...	...	...	6,256
	Temporary Teeth	...	...	...	...	...	...	806
						Total	...	<u>7,062</u>
(9)	Extractions :—							
	Permanent Teeth	...	...	...	...	...	...	2,517
	Temporary Teeth	...	...	...	...	...	...	11,622
						Total	...	<u>14,139</u>
(10)	Administration of general anaesthetics for extractions							933
(11)	Other Operations :—							
	Permanent Teeth	...	...	...	...	...	...	4,340
	Temporary Teeth	...	...	...	...	...	...	788
						Total	...	<u>5,128</u>

TABLE VI.

SCHOOL NURSING STAFF

(Excluding Specialist Nurses such as Orthopaedic Nurses).

	Number of Officers.	Aggregate of time given to S.H.S. work in terms of whole-time officers.
School Nurses	24	24.0
Health Visitors	112	20.0

APPENDIX II.

REPORT OF THE COUNTY SUPERINTENDENT HEALTH VISITOR
FOR THE YEAR ENDED 31ST DECEMBER, 1955.

1. Number of Health Visitors on the staff during 1955 who devoted a part of their time to school work—112.
2. No District Nurses were employed in school work.
3. 18,690 visits were paid to homes and 1,649 to schools.
4. During the Cleanliness surveys carried out in the County Administrative area by Health Visitors and School Nurses 56,493 girls were examined in 700 departments of 541 schools, and it was found that 5,610 were unclean, i.e. showed evidence of nits or vermin (255 verminous). The following table compares these figures with the figures of the previous four years:—

	Percentage Clean.	Percentage Unclean	Percentage Verminous of unclean
1951	85.8	14.2	4.2
1952	86.4	13.6	4.9
1953	87.8	12.2	4.6
1954	89.2	10.8	4.3
1955	90.1	9.9	4.6

5. The percentage of clean scholars continues to show a steady improvement.

6. In 63 schools all the children were found to be clean.

7. The Health Visitors and School Nurses made 15,641 visits to the homes of the children who were found to be unclean. The School Nurses are responsible for the visits in Felling, Hartlepool and Jarrow with the exception of the completing of Forms 2 H.P. which are done by the Health Visitors.

8. The following table shows the number of subsequent examinations of the unclean children : —

Inspection.						No. of children inspected.	No. of children still unclean.
1st Re-inspection (unclean children)						5,490	4,586
2nd	„	„	„	...	...	5,518	3,918
3rd	„	„	„	...	...	4,892	3,301
4th	„	„	„	...	...	4,257	2,784
5th	„	„	„	...	...	3,583	2,410
6th	„	„	„	...	...	2,884	1,804

**ANALYSIS OF CASES UNDER HOME SUPERVISION OF HEALTH
VISITORS DURING THE YEAR 1955.**

Conditions.					Total No. of Conditions under supervision.	Total No. of visits re conditions.	Total Con- ditions satisfactorily improved.
1.	Cleanliness	...	...	...	71	427	81
2.	Infestation	{ Head	...	...	169	572	84
		{ Body	...	...	17	39	24
3.	Teeth	...	...	...	—	—	—
4.	Skin	...	...	...	844	1,118	790
5.	Eyes	a. Vision	...	...	9	11	—
		b. Squint	...	...	1	1	—
		c. Other	...	...	28	39	16
6.	Ears	a. Hearing	...	...	16	16	—
		b. Otitis Media	{ R	...	1	1	—
			{ L	...	2	6	1
		c. Other	...	...	3	3	1
7.	Nose or Throat	...	...	...	1,240	1,243	1,243
8.	Speech	...	...	...	12	13	—
9.	Cervical glands	...	...	...	—	—	—
10.	Heart and circulation	...	...	...	14	18	—
11.	Lungs	...	...	...	18	26	—
12.	Development :—						
		a. Hernia	...	...	12	12	1
		b. Other	...	...	16	35	3
13.	Orthopaedic :—						
		a. Posture	...	...	—	—	—
		b. Flat foot	...	...	18	18	—
		c. Other	...	...	47	50	1
14.	Nervous system :—						
		a. Epilepsy	...	...	6	15	—
		b. Other	...	...	23	24	—
15.	Psychological :—						
		a. Development	...	...	173	178	—
		b. Stability	...	...	3	5	—
16.	Clothing	...	...	...	31	159	31
17.	Debility	...	...	...	19	63	8
18.	Other Tuberculosis Cases	...	...	...	15	22	—
19.	Rheumatism	...	...	...	7	8	—
Totals					2,815	4,122	2,284

Discharged from Hospital—5 visits.
In addition, the Health Visitors spent

102 days at School Clinics.

390 days conducting medical inspections.

153 days escorting children to special schools.

89 days at Nursery Schools.

APPENDIX III.
PERMANENT SCHOOL CLINICS

Services available 31st December, 1955.								
School Clinic.	Medical Officer Attends	Minor Ailments	U.V.R. Lamp in use	Dental Officer Attends	School Oculist Attends	Speech Therapist Attends	Educational Psychologist Attends	Building Used by
Billingham, Cowpen Lane	... Tuesday Friday	Daily	—	Daily (except Tuesday) Daily	Yes	—	Yes	M. & C.W. & S.H.S.
Birtley, Hexham Villa	... Monday Wednesday	Daily	—		Yes	—	Yes	do.
Bishop Auckland, Ninefields, Etherley Lane	... Monday Thursday	Daily	—	Daily	Yes	Yes	Yes	do.
Blaydon, Shibdon Road	... Tuesday Friday	Daily	—	Daily	Yes	—	Yes	do.
Consett, 192 Medomsley Road	... Tuesday Friday	Daily	—	Daily	Yes	—	Yes	do.
Crook, Dawson Street	... Wednesday	Daily	Mon. (p.m.) Thurs. (p.m.)	Mon. Tues. Wed. Fri. } Thurs. Friday	Yes	Yes	Yes	S.H.S.
Durham, Claypath	... Tuesday	Monday Tuesday	Wednesday		—	—	—	S.H.S.
Felling, Heworth	... Mon. (a.m.) Thurs. (p.m.)	Daily	Mon. Tues. Wed. Thurs. (a.m.)	Monday Wednesday & Friday	Yes	—	Yes	S.H.S.
Hartlepool, Frederic Street	... Mon. (a.m.) Wed. (a.m.)	Mon. Wed. Fri. } a.m.	—	Monday (all day) Thurs. (a.m.)	Yes	—	Yes	M. & C.W. & S.H.S.

Hartlepool, West View	...	...	—	—	—	—	—	—	Yes	Yes	M. & C.W. & S.H.S.
Hebburn, Argyle Street	...	...	Mon. (p.m.) Thurs. (a.m.)	Daily Wed. and Frid. }	Mon. (a.m.) Thurs. (p.m.)	Mon. Wed. Thu. Fri. }	a.m.	—	—	Yes	M & C.W. & S.H.S.
Horden, Blackhills Road	...	...	Tuesday Friday	Daily	—	—	—	Yes	—	Yes	S.H.S.
Houghton-le-Spring, Lambton House, Gasworks Lane	...	...	Tuesday Friday	Daily	Monday Thursday	Daily	—	Yes	—	—	S.H.S.
Jarrow, Walter Street	...	...	Tues. (a.m.) Frid. (a.m.)	Daily (a.m. only) (except Thurs.)	—	Tuesday Thursday	—	Yes	—	Yes	M. & C.W. & S.H.S.
Murton, Woods Terrace	...	...	Thursday	Monday Thursday	—	—	—	—	—	Yes	do.
Newton Aycliffe, County Infants School	...	...	Wednesday	Tuesday Wednesday Friday	—	—	—	—	Yes	—	S.H.S.
Seaham Harbour, 1 Princess Road	...	...	Tuesday	Daily	Monday Thursday	Daily	—	Yes	—	—	S.H.S.
Shildon, Hallgarth House, Main Street	...	...	Tuesday Friday	Daily	—	—	—	Yes	Yes	Yes	do.
Spennymoor, Cheapside	...	...	Thursday	Monday Thursday	—	—	—	Yes	—	Yes	M. & C.W. & S.H.S.
Stanley, High Street	...	...	Monday Thursday	Daily	Tues. Frid. }	Daily (vacancy)	a.m.	Yes	Yes	Yes	S.H.S.

TEMPORARY SCHOOL CLINICS.

School Clinic	Services available 31st December, 1955.					
	Medical Officer Attends	Minor Ailments	U.V.R. Lamp in use	Dental Officer Attends	School Oculist Attends	Speech Therapist Attends
						Educa- tional Psych- ologist Attends
Barnard Castle, Methodist Schoolroom	Alternate Wed. (a.m.)	Alternate Wed. (a.m.)	—	—	—	—
Butterknowle County Mixed School	—	Tues. (a.m.)	—	—	—	—
Evenwood C.E. Mixed School ...	—	Fri. (p.m.)	—	—	—	—
Hurworth County Mixed School	—	Fri. (a.m.)	—	—	—	—
Witton Park County Mixed School	—	Tues. (a.m.) Fri. (a.m.)	—	—	—	—
						Building Used by
						M. & C.W. & S.H.S.
						S.H.S.
						do.
						do.
						do.

CHILD GUIDANCE CENTRES.

[illegible]

SPEECH CLINICS.

Horden, Third Street	...	—	—	—	—	Tuesday Thurs. Friday	—	S.H.S.
Thornley, Knayton House	...	—	—	—	—		—	M. & C.W. and S.H.S.
Wingate, Front Street	...	—	—	—	—	Wednes.	—	do.

DENTAL CLINICS.

Horden, Third Street	...	—	—	—	Tuesday	—	—	—	S.H.S.
----------------------	-----	---	---	---	---------	---	---	---	--------

ANALYSIS OF CASES EXAMINED AT THE SCHOOL CLINICS DURING THE YEAR 1955.

Defect or Disease.							No. of Cases.	No. of examinations.
1	Cleanliness	...	...	...	...	...	36	60
2	Infestation	{ Head	...	...	...	...	176	381
		{ Body	...	...	...	...	15	19
3	Teeth	...	...	...	...	...	234	262
4	Skin	...	...	...	...	...	1973	4428
5	Eyes — a	Vision	...	...	...	...	460	555
	b	Squint	...	...	...	...	56	62
	c	Other	...	...	...	...	730	1275
6	Ears — a	Hearing	...	...	...	...	79	132
	b	Otitis Media	{ R	...	...	...	84	269
			{ L	...	...	...	61	172
	c	Other	...	...	...	...	230	437
7	Nose or Throat	...	...	...	...	...	811	1248
8	Speech	...	...	...	...	...	123	155
9	Cervical Glands...	...	...	...	...	...	85	157
10	Heart and Circulation	...	...	...	...	...	312	615
11	Lungs	...	...	...	...	...	731	2130
12	Development — a	Hernia	...	...	...	...	8	9
	b	Other	...	...	...	...	39	52
13	Orthopaedic — a	Posture	...	...	...	...	5	6
	b	Flat Foot	...	...	...	...	34	51
	c	Other	...	...	...	...	234	364
14	Nervous System — a	Epilepsy	...	...	...	...	19	46
	b	Other	...	...	...	...	342	728
15	Psychological — a	Development	...	...	...	...	24	36
	b	Stability	...	...	...	...	42	118
16	Other Defects	...	...	...	...	...	5009	10507
17	No Appreciable Defect or Disease	...	...	...	...	...	466	533
Totals							12418	24807

NUMBER OF CASES TREATED AT THE SCHOOL CLINICS
DURING THE YEAR 1955.

Defect or Disease	No. of Cases.	No. of Attendances.
Ringworm—Scalp	11	55
Ringworm—Body	27	113
Scabies	17	79
Impetigo	912	4,374
Other skin diseases	1,426	9,166
Minor Eye Defects (external and other but excluding errors of refraction and squint)	1,036	3,691
Refractions	3,027	3,027
Other defects or disease of the eye	169	169
Minor Ear Defects	422	2,011
Miscellaneous	7,262	27,583
Nose and Throat Conditions	301	720
Ultra Violet Ray	497	5,567
	15,107	56,555

SUMMARY OF COMMUNICABLE DISEASES

1955	Diphtheria.	Scarlet Fever.	Scarlet Fever Contacts.	Measles.	German Measles	Mumps.	Whooping Cough.	Chicken Pox.	Jaundice.	T.B.	Shingles.	Poliomyelitis.	Dysentery.	Typhoid.	Influenza.	Rheumatic Fever.	Diarrhoea.	Worms.	Meningitis.	Paratyphoid	Paratyphoid Contacts.	Impetigo.	Scabies.	Rash.	Pink Eye.	Septic Spots.	TOTAL.	
Jan.	—	2	1	163	—	29	54	98	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	347	
Feb.	1	13	3	430	—	50	176	89	4	—	—	—	33	—	80	1	42	—	—	—	—	—	—	—	—	—	922	
Mar.	1	11	—	790	—	107	113	170	3	—	—	—	28	—	13	—	67	1	—	—	—	—	—	—	—	—	1304	
May	—	33	1	884	3	144	124	285	5	—	—	1	506	—	8	—	17	—	—	—	—	—	—	—	—	—	2011	
June	—	8	—	483	6	40	63	290	7	—	—	—	51	—	18	—	—	—	—	—	—	—	—	—	—	—	966	
July	—	24	5	590	30	178	127	388	17	—	—	—	66	1	6	—	—	—	—	—	—	—	—	—	—	—	1432	
Sept.	—	1	—	180	2	45	20	72	3	1	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	327	
Oct.	—	18	2	193	2	89	163	114	10	1	—	3	1	—	—	—	37	—	—	1	1	2	234	3	3	—	877	
Nov.	—	13	—	3	—	35	57	51	4	—	1	1	—	—	—	—	—	—	—	—	—	113	1	4	1	—	284	
Dec.	—	21	4	16	2	209	85	63	6	—	—	—	4	—	6	—	—	—	—	—	—	132	2	—	—	2	552	
	2	144	16	3732	45	926	982	1620	59	2	1	6	690	1	131	1	163	1	1	2	1	2	479	6	7	1	2	9022

Exclusions by School Medical Officers.

January	...	...	66
February	...	...	78
March	...	...	75
April	44
May	59
June	64
July	26
September	87
October	58
November	101
December	48

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APPENDIX VI.

STOCKTON-ON-TEES COMMITTEE FOR EDUCATION.

REPORT ON THE WORK OF THE
SCHOOL HEALTH SERVICE.

1955.

Details associated with Education in the Borough.

Number of schools	29
These include 20 Primary Schools, five Secondary Modern Schools, one Secondary Technical School, two Grammar Schools and one Special Open Air School for Delicate Children	
Number of children for whom accommodation is provided	16,956
Number of children on roll at the end of the year	13,697

The Staff of the School Health Service.

Principal School Medical Officer—Henry J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A.

School Medical Officers :—

James Carroll, M.B., L.M., D.P.H., D.Ch. Resigned 30.4.55.

Mary B. Vincent, M.B., B.Ch. Appointed 22.6.55.

Maureen O'Gorman, L.R.C.P., L.R.C.S.

Principal School Dental Officer—Frank R. Cadigan, L.D.S.

School Dental Officer (Part-time)—Mrs. E. M. F. Rideal, L.D.S.

Consultant Ophthalmic Surgeon (Part-time)—A. E. P. Parker, M.B., B.S., F.R.C.S.

Consultant Nose, Throat and Ear Surgeon (Part-time)—J. H. Appleton, M.B., Ch.B., D.L.O.

Speech Therapist—Miss Muriel Knight.

Speech Specialist :—

Miss P. E. Peacock. Resigned 22.4.55.

Mrs. E. Riddeal (Part-time). Appointed 7.9.55. Resigned December, 1955.

Miss M. McGreavey. Appointed 3.10.55.

Orthoptist (Part-time)—Mrs. W. Martin.

Educational Psychologist—Miss M. F. Wylie, M.A., Ed.B.

Psychiatrist (Part-time)—D. J. Salfeld, M.D., B.Sc., D.P.M., Resigned May, 1955.

Social Worker—Miss H. A. Young, M.A. Resigned 23.4.1955.

School Nurses :—

Mrs. E. Minto, S.R.N., S.C.M.

Mrs. E. Whitehead, S.R.N., S.C.M.

Mrs. L. M. Stawski, S.R.N.

Mrs. K. Cahill, S.R.N., S.C.M.

Mrs. D. B. Morris, S.R.N.

Miss N. Cattermole, S.R.N., S.C.M.

Female Assistant for Open Air School (non-nursing)—Mrs. D. H. Brison.

School Dental Attendants :—

Miss D. Whinfield.

Miss J. Coffield.

Clerical Staff :—

Miss J. Hall.

Miss J. Fielding.

Mrs. Williamson.

Miss J. Rowland. Resigned 30.11.55.

Mrs. I. Stewart. Appointed 1.12.55.

Medical Inspection.

The number of children inspected in the prescribed age groups was 3,418. In addition, 899 children of various ages not within the prescribed groups were inspected.

Later in the year a beginning was made in postponing the examination of the second age group, i.e. the 10-11 year old children, for a few months, so that they are examined after entrance to secondary schools. This makes it possible to give an up to date health report to the Head Teachers concerned, and they have expressed appreciation of the arrangement.

Arrangements were made at the same time to examine 8 year old children, thus bridging the gap between the entrants and the 11 year old children. 677 of the 899 "other periodic inspections" were 8 year old children.

4,122 children, referred by parents, teachers, school nurses or enquiry officers were examined as "Specials".

1,261 re-inspections of children suffering from one or more defects were carried out during the year.

Pupils found to require treatment.

The number of individual pupils found at Periodic Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin) is given below.

Group.	For Defective Vision (excluding squint).	For any other conditions.	Total individual pupils.
Entrants	31	122	141
Second Age Group ...	47	56	100
Third Age Group	67	38	92
Total (prescribed groups)	145	216	333
Additional Periodic Inspections	33	65	95
Grand Total	178	281	428

The following Table shows the number of defects noted at periodic and special medical inspections as requiring treatment or as needing to be kept under observation.

Defect or Disease	Periodic Inspections.		Special Inspections.	
	No. of defects.		No. of defects.	
	Requiring treatment.	Requiring to be kept under observa- tion.	Requiring treatment.	Requiring to be kept under observa- tion.
Skin	33	44	75	4
Eyes—				
a. Vision	178	488	534	657
b. Squint	16	23	96	59
c. Other	15	11	24	2
Ears—				
a. Hearing	3	23	7	64
b. Otitis Media	10	19	2	3
c. Other	6	4	6	1
Nose or throat	55	177	56	34
Speech	14	16	20	4
Cervical Glands	1	215	—	7
Heart and Circulation	1	73	1	67
Lungs	9	80	23	17
Developmental—				
a. Hernia	1	13	—	1
b. Other	3	19	5	4
Orthopaedic—				
a. Posture	1	30	—	1
b. Flat Foot	8	50	8	2
c. Other	9	69	15	14
Nervous System—				
a. Epilepsy	2	9	9	2
b. Other	2	7	7	5
Psychological—				
a. Development	5	—	17	14
b. Stability	10	72	14	—
Other defect or disease	112	23	89	145

General Condition.

The general condition of the pupils inspected was classified as shown in the following table.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
Entrants	1,368	882	64.47	466	34.06	20	1.46
Second Age Group ...	966	658	68.11	299	30.95	9	0.93
Third Age Group ...	1,084	779	71.86	283	26.09	22	2.02
Additional Periodic Inspections	899	577	64.17	316	35.15	6	0.66
Total	4,317	2,896	67.08	1,364	31.59	57	1.32

ARRANGEMENTS FOR TREATMENT.

Minor Ailments.

Treatment of minor ailments is carried out by the School Nurses at the various School Clinics, as set out below, children normally attending the School Clinic in or nearest to their own school.

Address of Clinic.				School Nurse in Attendance.
106, Yarm Lane	...	...	...	Monday, Wednesday, Friday and Saturday mornings.
78, Norton Road	...	...	...	Tuesday mornings and Thursday after- noons.
Frederick Nattrass School	...	...	...	Monday and Friday mornings.
Portrack Primary School	...	...	...	Monday and Friday mornings.
Newham Grange School	...	...	...	Tuesday and Friday afternoons.
Tilery Road School	...	...	...	Tuesday mornings and Thursday after- noons.
Ragworth Primary School	...	...	...	Tuesday and Thursday afternoons
Ragworth Open Air School	...	...	...	Daily.

The total number of attendances at the minor ailment clinics during the year was 16,383.

The following Table shows the number of defects treated or under treatment during the year.

Defect.							Number of cases treated or under treatment during the year.	
							By the Authority.	Otherwise.
SKIN—								
Ringworm	—	(i)	Scalp	...	...	...	16	1
		(ii)	Body	...	...	...	11	—
Scabies	...	...	...	...	...	...	29	—
Impetigo	...	...	...	...	...	...	135	2
Other skin diseases	...	...	...	...	...	...	12	8
EYE DISEASES—								
External and other, but excluding errors of refraction and squint							254	1
EAR DEFECTS	...	...	...	...	...	...	98	5
MISCELLANEOUS—								
(e.g. minor injuries, bruises, sores, chilblains, etc.)							6,522	19
Total							7,077	36

Visual Defects and External Eye Disease.

The Consultant Ophthalmic Surgeon attended the School Clinic, 78, Norton Road, twice weekly during 1955. 753 children attended for refraction examination and two for other defects of the eyes.

Spectacles were prescribed for 478 of the children examined, and of this number, 442 are known to have obtained spectacles.

Operative treatment for correction of squint was recommended in eight cases.

Three partially sighted children are in Residential Special Schools, and one girl is awaiting admission to such a school.

Orthoptic Clinic.

Orthoptic Clinic sessions were held twice weekly during 1955, at 78, Norton Road. Mrs. Martin, Othoptist, reports as follows:—

Total number of children who attended	...	...	...	95
Number of new cases registered	...	...	...	35
Number of attendances	...	...	...	574
Number of sessions	...	...	...	99
Average number per session	...	...	...	5.8
Discharges.				
Satisfactory result	...	...	...	15
Good cosmetic result	...	...	...	5
No improvement	...	...	...	5
Left the district	...	...	...	1
Failed to attend	...	...	...	10

Nose and Throat Defects.

Ear Disease and Defective Hearing.

Thirteen ear, nose and throat sessions were held during the year at the School Clinic, 78, Norton Road, in the course of which 121 children who had been referred because of ear diseases, defective hearing, enlarged tonsils and adenoids and/or other naso-pharyngeal defects were examined by the Consultant Aural Surgeon.

64 children were recommended for operative treatment and six, who were found to be partially deaf, were recommended for hearing aids.

One partially deaf child was certified as requiring admission to a special school.

Hearing Aids.

There are now 19 school children wearing hearing aids. The School Nurses are given the names of these children and keep them under supervision to ensure that the hearing aids are used and are in good condition.

Gramophone Audiometer.

Every Junior Department was visited during the year by one of the School Nurses, and group audiometer tests were carried out. 1,273 children were tested, the majority being in the 9 year old group. 117 were referred for re-test, but on re-test the hearing of all but 41 of these was found to be satisfactory. These 41 children were given appointments for examination by the School Medical Officer, as were also 61 children who were referred without re-test.

Of 91 children examined by the School Medical Officer, 51 had good hearing, five with slight deafness were kept **under observation**, six with some deafness were recommended to sit at the front of the class, 15 were recommended for treatment of discharging ears or of wax, and 14 were referred to Mr. Appleton, Consultant Aural Surgeon. Of the 13 children who kept their appointments for examination by Mr. Appleton, three were recommended for hospital treatment for nasal catarrh, four for X-ray of sinuses, one for treatment at the School Clinic, one was recommended for a hearing aid, three were advised to sit at the front of the class and one was found to require no treatment at all.

The School Nurses make periodic enquiries about children who are partially deaf and who have been recommended to sit in front of the class, to see that they are doing so.

Deaf Children—Special Schools.

Six deaf and two partially deaf children attend Middlesbrough School for the Deaf, and two children, whose parents have recently come to live in the town, are at a Residential School for the Deaf. Application is being made for their admission to the Middlesbrough School for the Deaf.

One partially deaf child is awaiting admission to a special school.

Orthopaedic and Postural Defects.

Children needing treatment are referred, through their own doctor, to the Orthopaedic Department at one of the local hospitals. 23 children received treatment as in-patients of hospitals, three children were treated at Thornaby School Clinic, where there is an out-patient department for children discharged from the Adela Shaw Orthopaedic Hospital, and seven at other out-patient departments.

Two physically handicapped children are at Residential Special Schools, one is awaiting admission to such a school and eight are attending Ragworth Open Air School.

Home Tuition.

At the end of the year, three physically handicapped children and three delicate children were receiving home tuition.

Epilepsy.

There are no children at present attending or awaiting admission to special schools.

Extracts from the Annual Report on the Child Guidance Service.

The Clinic has lost the valued services of Dr. D. J. Salfield, the Consultant Psychiatrist, who left in May to become Children's Psychiatrist for Derbyshire. Our Social Worker, Miss H. Audrey Young, M.A., left in April to teach in a private school in Stirlingshire. This depletion of staff has created difficulties, and added to the length of the waiting list.

Contacts have again been made with the Children's Officer, the N.S.P.C.C. and the Probation Officers. Some Medical Practitioners have referred cases and help has been given where possible.

Intelligence Testing

Intelligence Testing has continued, but less time has been devoted to this branch of the work this year, since psychiatric cases required attention. Sub-normal children have been re-tested, some more than once because maladjusted children and deprived children may appear to be sub-normal, and great care must be taken when diagnosing mental handicap. Schools have referred children when teachers were puzzled about their lack of progress. The voluble extraverted child from a good home may give a superficial impression of intelligence but the fact that he is really dull is shown clearly when his immediate memory and abstract thought are studied. Group Tests replaced the Individual Tests in a Secondary Non-selective Modern School where children may try the General Certificate of Education. Individual Tests were given to a few children whose class marks and test marks were divergent. Some new tests have been acquired—the Wechsler Intelligence Scale for Children, the Children's Thematic Apperception Test, the Goldstein Scheider Test, and the "Make a Picture Story" Tests. All these tests are of value in assessing personality traits, in addition to intelligence. It was possible, for example, to find the approximate intelligence of a deaf girl from Pakistan. These tests are specially useful with foreign children and children living in caravans, without regular school attendance. Children react well when they find a test interesting, and as tastes differ a wide selection is necessary.

Clinic Cases.

This year has been remarkable for the small number of juvenile delinquents referred to the Clinic. The year has been remarkable also, for the number of serious cases, especially among adolescents. The following are some examples.

One boy had to be referred to a mental hospital where he is still having treatment. Two girls attempted suicide within a few weeks of each other. Two boys were found to be psychopaths, one is a pathological liar, and both suffered from compulsive stealing. One boy is maladjusted owing to prolonged illness, and finds it difficult to adjust to life outside

hospital. A girl, who is slightly deaf, is so unsure of herself, and of her ability, that life is a burden to her. Another boy has a stammer owing to frustration and anxiety, while another bites his nails because of over-identification with his father, and a desire to succeed. Another is excessively polite and ingratiating to hide deep conflict and strong distrust of himself. Dealing with adolescents has peculiar difficulties. Some refuse to attend a place called a "Child Guidance Clinic." They take themselves very seriously, and while "laughing it off" may succeed with the younger child, it is unlikely to do so with his elder brother. Anger, shown by irritability, disobedience, and impertinence, is often evoked by what appears to the adolescent to be social slighting. He is as yet unsure of his status, and is striving to achieve a position in the adult world, and what seems to him to be frustration provokes him to wrath. He is ready for any desperate measure. He has to deal also with a maturing body, and is shy and self-conscious. He must be gradually shown that a mature adult shows anger at wrongs done to others, rather than to himself, for he must be sufficiently sure of himself to be unprovoked either by physical contacts or social slights. The children of equable parents are 'more socially developed than those of unbalanced parents. Unfortunately parents of some adolescents have not matured to adult status themselves. They are subject to outbursts of irrational anger and are jealously possessive in their love. Parents who have some success with little children do not always develop into parents who can deal with adolescents, and they fail to realise that they, themselves, are the cause of the difficulties. Foster parents and those who have adopted a child are specially guilty of treating the adolescent as a child, as they are afraid of losing him.

Criticism from parents and teachers worries the adolescent, and when his confidence is obtained he can be very bitter about parental insistence on an account of the exact spending of money, the holding up of a brother or sister as an example, or interference in his choice of friends, and the like. They are worried too about matters appertaining to sex. Often their difficulties are relieved if they are allowed to talk about them, but if the difficult adolescent has been difficult as a child prolonged treatment is necessary.

Among cases of younger children, two girls show psychotic behaviour, and an enuretic boy has a mother who is so unstable that it is well-nigh impossible to help him. One child was assaulted by a man, and was removed

in a hysterical condition to hospital, where she remained for some weeks. The effect of this experience is such that she cannot concentrate, and suffers from intense anxiety. (The knowledge of the cause of maladjustment makes it easier to help in a case like this). Two bad cases of frustration over the scholarship examination were examined. These children were sleepless and hysterical, and one complained so much of violent headaches that a cerebral tumour was suspected. They both are quite well now.

Psychological cases take up much time and results are slow, but it is the aim of those in charge of a Child Guidance Clinic to put quality before quantity. It is necessary to explain to parents that a psychologist is neither a prophet nor a fortune-teller, and can help only if given an accurate account of the child's history from birth, his difficulties and as far as possible the family situation. Sometimes through pride, or ignorance of the value of certain information parents fail to give a correct picture of the home background.

Play Therapy.

The Play Group attends each week. Some children come for diagnosis, but most children continue to attend for several months. Cases include wandering, truancy, enuretics, negativistic children, hostile and inhibited children, and one suffering from hyperactivity. The child is observed objectively and casually as he plays. He is allowed to "blow off steam" provided he hurts no one. We try to provide a happy relaxed atmosphere. Parent and child must accept the problem and treatment, and they must realise that we are trying to help them. We try to find the child's deprivations and their meaning for him, and, as far as we are able, supply his needs. If that is impossible we must offer him substitutes that may in the course of treatment become acceptable.

Rhythmic Movement.

This group has grown and numbers have to be restricted. Girls who no longer attend for treatment are welcomed at the Rhythmic Movement Group. Folk dancing is much enjoyed and some community singing has proved popular.

Home Visits.

These visits of necessity have been infrequent since the departure of the Social Worker. Routine visits to enquire about children who attended the Clinic have been abandoned in the meantime.

Visits to Schools.

Schools have been visited when the Psychologist had time to do so, and these visits were made to discuss clinic cases. The Psychologist regrets that her visits to the Open Air School have been infrequent.

More schools are now equipped with a small room or clinic where children can be tested. This year the Psychologist has been working with the class which has just left the Infant Department, and the children have been seen and studied in some schools.

The Psychologist would like to thank Mr. Steel, Children's Officer, Inspector Hunt of the N.S.P.C.C., Mrs. Short and Mr. Briggs, Probation Officers, for their co-operation. She would thank the Medical Practitioners, who have been so helpful when asked about patients, and the Head Teachers for their co-operation.

Parents have again been friendly and willing to take advice about their children and to them thanks are due.

The Psychologist would pay a special tribute to Mrs. Lyth, her secretary, for her success with parents and children, her devotion, and for her giving of her free time to make the Clinic run smoothly during this difficult year.

APPENDIX

Sources of Referral

Medical Officer of Health	...	...	...	...	...	...	21
School Medical Officers	...	...	...	...	...	...	55
Medical Practitioners	...	...	...	...	...	...	7
Schools	...	...	...	...	...	...	119
Parents	...	...	...	...	...	...	15
Probation Officers	...	...	...	...	...	...	3
Children's Officer	...	...	...	...	...	...	4
N.S.P.C.C.	...	...	...	...	...	...	1
Total							225

Psychological Record.

(1) Educational Retardation

General backwardness	...	...	...	...	...	54
Backwardness in Reading	...	...	...	...	...	8
Backwardness in Arithmetic	...	...	...	...	...	1
Backwardness in Spelling	...	...	...	...	...	1

(2) Personality Maladjustment

General Instability	...	...	...	...	...	...	20
Anxiety or Obsessional States	...	...	...	...	...	...	6
Night Terrors, Nightmares, Sleep-walking	...	...	...	...	...	...	3
Emotional retardation and regression...	...	...	...	...	...	...	15
Psychopathic personality	...	...	...	...	...	...	2

(3) Habit Disorders

Enuresis and soiling	...	...	...	...	...	...	10
Speech defect	...	...	...	...	...	...	2
Nervous tics	...	...	...	...	...	...	1

(4) Anti-social Tendencies

Unmanageable Behaviour	...	...	...	...	...	...	12
Aggression, Temper-tantrums	...	...	...	...	...	...	6
Sadistic Tendencies	...	...	...	...	...	...	—
Truancy and Wandering	...	...	...	...	...	...	6
Theft	...	...	...	...	...	...	2
Lying	...	...	...	...	...	...	6
Malicious Mischief	...	...	...	...	...	...	7
Sexual Offences	...	...	...	...	...	...	5

(5) Social Difficulties

Strong Physical Factors	...	...	...	...	...	...	22
Strong Home Factors	...	...	...	...	...	...	25
Hereditary Factors	...	...	...	...	...	...	7
Non Co-operation	...	...	...	...	...	...	11

(6) Special Interviews

I.Q. and advice	...	...	...	...	...	...	86
Vocational Guidance	...	...	...	...	...	...	3
Special Reports	...	...	...	...	...	...	10

Range of Intelligence

Intelligence Quotient							Boys	Girls	Total
130+	...	...	...	...	...	...	7	2	9
116—129	...	...	...	...	...	...	11	7	18
86—115	...	...	...	...	...	...	41	32	73
70—85	...	...	...	...	...	...	29	28	57
69 and under	...	...	...	...	...	...	38	30	68
Total							126	99	225

Age Range

Years	(3—7)		(8—11)		(12—14)		(15+)		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	37	22	49	35	31	35	9	7	126	99
Total	59		84		66		16		225	

Reports

[illegible]

Interviews

[illegible]

Visits to

[illegible]

Examinations

Intelligence Tests (individual) ...	...	...	...	...	...	...	225
Intelligence Tests (Group) ...	...	...	...	...	...	...	200

Treatment

Psychological Treatment ...	...	...	...	...	...	...	32
Psychotherapeutic Treatment	...	...	...	...	...	...	21

Educational Treatment

[illegible]

Completion of Statutory Forms.

Statutory forms were completed by the School Medical Officer for some of the children tested by the Educational Psychologist. The findings and/or recommendations were as set out below:—

Incapable of receiving education at school	...	...	...	...	8
" " " " " " (inexpedient)	...	...	...	...	—
Educationally subnormal—requiring special school	...	...	...	...	20
" " requiring supervision after leaving school...	...	...	...	...	10
" " requiring special class in ordinary school	...	...	...	...	—
Decision deferred—re-testing recommended	...	...	...	...	14
To remain at ordinary school	...	...	...	...	2
Recommended for psychological treatment	...	...	...	...	1
No recommendation made—leaving school and not requiring supervision	...	...	...	...	3

Speech Clinic—Speech Therapists Annual Report.

					<i>Stammer.</i>	<i>Defective Articulation</i>	<i>Hard of Hearing.</i>
Total number on register 1/1/55	...	...	...	...	112	253	6
Admissions	...	...	...	...	30	121	1
					<hr/> 142	<hr/> 374	<hr/> 7
Discharges	...	...	...	...	43	133	2
					<hr/> 99	<hr/> 241	<hr/> 5
Number on register 31/12/55	...	...	...	...
Attendance % during the year has been					95%	91%	98%

An analysis of the numbers shows that of the 43 cases of stammering that have been discharged, 23 have left having attained normal speech. The remaining 20 were discharged as follows:—8 left the area—after resuming school in the new locality the speech of 3 out of these 8 children was so nearly normal that “follow up” treatment was considered unnecessary; 1 girl reached school leaving age and although not quite clear of stammer further treatment was thought unnecessary; 6 out-of-area cases were transferred to a clinic nearer home; 1 out-of-area case whose speech was far from normal was discharged at the request of the Head Teacher and 1 child with an I.Q. of 55 was considered unsuitable for treatment because of behaviour problems.

Of the 133 cases of defective articulation discharged, 109 have attained normal speech. Of the remaining 24, 3 (2 cleft palate and 1 spastic case) have been discharged because their speech is considered normal within physical ability, that is, their articulation is now so clear that they can make themselves understood at all times; 3 with I.Q.’s between 50 and 60 have made what is thought to be the maximum improvement; 4 with I.Q.s of 50 and below have, after a trial period, been discharged as unsuitable for further treatment; 1 County case has been transferred to a clinic nearer home; 3 have left the area, 1 with an I.Q. of 64 was considered unsuitable for treatment because of behaviour problems; 5 out-of-area cases have been withdrawn by the parents; 3 of the cases admitted for defects of articulation are now in attendance at the School for the Deaf (2 of these are out-of-area cases).

Of the 2 hard of hearing cases entered as discharged, both are lip-reading well enough to enable them to cope normally with lessons.

Unfortunately the post of Speech Therapist which has been vacant for more than a year has not yet been filled. For varying periods during the year the clinic has been without a speech specialist.

Dental Inspection and Treatment.

There is a full-time Dental Officer at one Dental Clinic and a part-time one (six sessions per week) at the other. It has not been possible to obtain a whole-time officer for this clinic.

The Table shown below gives details of dental inspection and treatment during 1955.

Number of pupils inspected—(a) Periodic age groups	...	...	...	11,266
(b) Specials	...	...	...	498
Total	...	...	...	11,764
Number found to require treatment	...	...	...	6,202
Number offered treatment	...	...	...	6,202
Number actually treated	...	...	...	3,708
Attendances made by pupils for treatment	...	...	...	4,135
Half days devoted to—Periodic Inspection	...	...	...	117
Treatment	...	...	...	514
Total	...	...	...	631
Fillings—Permanent Teeth	...	...	...	2,396
Temporary Teeth	...	...	...	108
Total	...	...	...	2,504
Number of teeth filled—Permanent Teeth	...	...	...	2,373
Temporary Teeth	...	...	...	108
Total	...	...	...	2,481
Extractions—Permanent Teeth	...	...	...	1,044
Temporary Teeth	...	...	...	1,697
Total	...	...	...	2,741
Administration of general anaesthetics for extraction	...	...	...	941
Other operations—Permanent Teeth	...	...	...	846
Temporary Teeth	...	...	...	256
Total	...	...	...	1,102

Mrs. Rideal, part-time Dental Officer, reported as follows regarding dentures and orthodontic treatment for children attending the Norton Road Dental Clinic:—

During 1955 eight children were fitted with partial dentures. 16 children were having orthodontic treatment. Of these, 5 visited the Newcastle Dental Hospital for specialist's advice and 6 were supplied with orthodontic appliances.

One case of unusual interest is that of J.W., aged six years, who attends the Open Air School. This child is abnormally small in stature and has complete congenital absence of teeth in the lower jaw, and only 5 teeth present in the upper jaw. She was referred to the Newcastle Dental Hospital where she was seen by Professor Boyes, who is most interested in her and is making her full upper and lower dentures.

Cleanliness Inspections.

The School Nurses continued to carry out head inspections in the schools at least once per term, with a follow-up visit a fortnight later to see the children noted as unclean.

The number of inspections carried out during the year totalled 52,923, the number of individual children found to be unclean being 1,347. The more serious cases (406) were directed to attend the School Clinic for further inspection. The majority of parents are ready to co-operate in the cleansing but in some cases there is complete indifference.

When parents, though willing, seem unable to cope with the situation, the School Nurses help by arranging for the children to attend one of the School Clinics periodically for inspection, advice and treatment.

Day Open Air School for Delicate Children.

The School has accommodation for 140 children, and at the end of the year all places were occupied.

One of the School Medical Officers makes regular fortnightly visits to the school, and also makes periodical examinations at the School Clinic of children discharged during the previous 12 months. Children found on re-examination at the School Clinic to be in need of a further period at the Open Air School are re-admitted. Five children were re-admitted during the year.

The types of case most usually admitted are debility, malnutrition, anaemia, bronchitis, asthma, rheumatism, chorea, suitable heart cases, cases of non-infective tuberculosis and convalescence after illnesses and operations.

During 1955, 68 children were admitted to the school, the various ailments for which they were admitted being as set out below:—

Convalescence	...	...	...	...	...	16
Malnutrition	...	...	...	...	...	14
Bronchitis	...	...	...	...	...	11
General debility	...	...	...	...	...	5
Nervousness	...	...	...	...	...	5
Rheumatism	...	...	...	...	...	5
Heart cases...	...	...	...	...	...	4
Asthma	...	...	...	...	...	3
Enlarged Cervical Glands	...	...	...	...	...	2
Non-infective tuberculosis	...	...	...	...	...	1
Anaemia	...	...	...	...	...	1
Rickets	...	...	...	...	...	1
Total						68

Immunisation against Diphtheria.

Arrangements for the immunisation of and the giving of reinforcing doses to school children continued in 1955. The main groups included are children newly admitted to Infant Departments and children of 10 years of age.

141 children attending Infant Departments and 156 children attending Junior Departments, who had not previously been immunised, were immunised.

Booster doses were given to 300 children attending Infant Departments and 460 children attending Junior Departments.

HENRY J. PETERS,
Borough Principal School Medical Officer.

